DOCUMENT RESUME

ED 228 536 CE 035 732

TITLE Quality Assurance in Dietetic Services Workshop for the Dietetic Assistant.
INSTITUTION Oklahoma State Dept. of Vocational and Technical Education, Stillwater. Curriculum and Instructional Materials Center.
PUB DATE 82
NOTE 69p.; For a related document see CE 035 733.
PUB TYPE Guides - Classroom Use - Materials (For Learner) (051)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Allied Health Occupations Education; Behavioral Objectives; *Dietetics; Dietitians; Evaluation Criteria; Food Standards; Geriatrics; Hospitals; Learning Activities; Nursing Homes; *Nutrition Instruction; *Older Adults; *Paraprofessional Personnel; Performance; Postsecondary Education; *Quality Control; Test Items; Units of Study; Vocational Education; Workshops

ABSTRACT

This workshop guide is a unit of study for teaching dietetic assistants to work with quality control in a nursing home or hospital. The objective of the unit is to enable the students to develop and expand a dietetic services administrative and clinical quality assurance program in his or her own institution. Following the unit objective, the unit contains specific objectives (e.g., "to list appropriate personnel to serve on a dietetic services quality assurance committee"), suggested activities (i.e., "to show how to graph performance using transparency 6"), information sheets on aspects of quality assurance procedures, student assignment sheets, answers to the assignment sheets, a comprehensive unit test with answers, and unit references. Topics covered in the unit include quality assurance standards, dietetic services audits, sample outcome and process criteria, analyzing audit results, and auditing and performance schedules. (KC)

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QUALITY ASSURANCE

in Dietetic Services Workshop

For The Dietetic Assistant

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QUALITY ASSURANCE IN DIETETIC SERVICES
UNIT I

UNIT OBJECTIVE

After completion of this unit, the student should be able to develop and/or expand a Dietetic Services' administrative and clinical quality assurance program in his or her own institution.

SPECIFIC OBJECTIVES

After completion of this unit, the student should be able to

1. Match terms associated with quality assurance in dietetic services to their correct definitions.
2. Select from a list appropriate purposes of a quality assurance program.
3. List appropriate departments/areas to be represented on an institutional quality assurance committee.
4. List appropriate personnel to serve on a Dietetic Services' quality assurance committee.
5. Distinguish between functions of institutional and departmental quality assurance committees.
6. Select from a list guidelines for selecting appropriate mono-disciplinary quality assurance audit topics.
7. Describe characteristics of overall objectives.
8. List characteristics of well developed audit criteria.
9. Distinguish between characteristics of outcome and process criteria.
10. State guidelines for setting criteria expected performance levels.
11. Arrange in order the steps in criteria ratification.
12. Select from a list advantages of criteria ratification.
13. Select from a list characteristics of good auditing tools.
14. State steps in preparing to conduct an audit.
15. Distinguish between the appropriate uses of a total sample and a random sample.
16. Arrange in order a quality assurance committees's steps in analyzing audit results.

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OBJECTIVE SHEET

17. Select from a list uses of documented audit results.
18. State the importance of auditing schedules.
19. Describe characteristics of administrative and clinical audits.
20. Develop audit criteria for a selected topic.
21. Adapt sample auditing tools for a set of developed criteria.
22. Conduct a sample clinical audit.
23. Complete a flowchart for developing a quality assurance program.

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SUGGESTED ACTIVITIES

I. Suggested activities

A. Make transparencies.

B. Obtain blank transparencies and marking pens for student use during workshop.

C. Provide students with objective sheet.

D. Provide students with information and assignment sheets.

E. Discuss unit and specific objectives.

F. Discuss information and assignment sheets.

G. Introduce unit by explaining the terminology provided on the Information Sheet.

H. Discuss Objectives VI-X before directing students to complete Assignment Sheet #1.

I. Depending upon the previous experience of the students, Assignment Sheet #1 should take 45 minutes to an hour. Circulate among student groups to provide assistance as needed.

J. Provide students with blank transparencies and marking pens to complete Assignment Sheet #1.

K. Review criteria developed by each group in Assignment Sheet #1 for the benefit of the entire workshop group.

L. After students complete Assignment Sheet #2, demonstrate the use of an auditing tool. You may wish to make a transparency of a sample tool to use in demonstration of auditing tool use.

M. Show how to graph performance using Transparency #6.

N. Students may need significant guidance to complete Assignment Sheet #3. Be sure to explain the concept of exceptions, scoring, and how to total scores and percentages in detail.

O. Use Assignment Sheet #4 to summarize workshop material. Prepare a transparency of Answers to Assignment Sheet #4.

P. Give test.

(NOTE: It is recommended that the test be used either question by question to reinforce material on the Information Sheet as it is covered, or as a self-check for students to take home with them and complete after studying the workshop materials. For the latter, answers to the test should be included in student materials. Time is usually not available to use the test as part of the workshop and students find it frustrating to take the test without having opportunity to study.)

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SUGGESTED ACTIVITIES

Q. After students complete test, discuss each question with students to reinforce materials covered.

II. Instructional materials

A. Objective sheet

B. Suggested activities

C. Information sheet

D. Transparency masters

1. TM #1--Quality Assurance Standard
2. TM #2--Sample Overall Objective and Audit Topics
3. TM #3--Dietetic Services Audit
4. TM #4--Sample Outcome and Process Criteria
5. TM #5--Analyzing Audit Results
6. TM #6--Sample Performance Chart
7. TM #7--Sample Auditing Schedule

E. Assignment sheets

1. Assignment Sheet #1--Develop Audit Criteria For a Selected Topic
2. Assignment Sheet #2--Adapt Sample Auditing Tools For a Set of Developed Criteria
3. Assignment Sheet #3--Conduct a Sample Clinical Audit
4. Assignment Sheet #4--Complete a Flowchart For Developing a Quality Assurance Program

F. Answers to assignment sheets

G. Test

H. Answers to test

III. Unit references

A. Accreditation Manual for Hospitals. Chicago: Joint Commission on Accreditation of Hospitals, 1981.

B. Drexler L., and M. Caliendo. "Developing and Implementing a Nutritional Care Audit." Journal of the American Dietetic Association, Vol. 76 (April, 1980), p. 374.

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SUGGESTED ACTIVITIES

C. A Quality Control Plan for the Dietary Department, Tulsa, Oklahoma: Oklahoma Hospital Association, Inc., n.d.

D. Schiller, R., and B. Bartlett. "Auditing Dietetic Services." Hospitals, (May 16, 1979), p. 118.

E. Schiller, R., and V. Behm. "Auditing Dietetic Services." Hospitals, (April 16, 1979), p. 122.

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QUALITY ASSURANCE IN DIETETIC SERVICES
UNIT I

INFORMATION SHEET

I. Terms and definitions

A. Quality assurance program--A tool to provide an on-going, systematic review (of dietetic services) focusing on documenting the quality of current care provided, identifying and resolving any problems, and continued monitoring for improvements and maintenance of high quality

B. Joint Commission on Accreditation of Hospitals (JCAH)--A private, non-governmental agency which establishes standards for health care facilities and surveys to evaluate compliance; facilities participate on a voluntary basis

C. Quality assurance audit--A systematic process of gathering and documenting facts concerning a specific area of administrative or clinical dietetic services

D. Mono-disciplinary audit--An audit developed and conducted by one department or area to analyze the quality of patient care provided by that department

E. Multi-disciplinary audit--An audit developed and conducted jointly by serveral departments or areas to analyze the total care provided for the patient by several departments

F. Audit criteria--A specific "mini-standard" or measuring stick against which end results or performance can be measured

(NOTE: Criteria should reflect professionally recognized standards for quality dietetic services.)

G. Expected performance level--The level of care or performance considered acceptable for a given criteria

(NOTE: Expected performance levels are usually expressed as percentages--the percent of times the criteria should be met to be considered acceptable.)

H. Audit sample--The individual items reviewed in an audit selected as representative of the whole

EXAMPLE: Five patient trays chosen randomly out of 25 trays to be audited for temperature.

II. Purposes of a quality assurance program

A. Develop and/or realistically upgrade existing standards for patient service

B. Document existing positive performance

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C. Identify existing or potential departmental problems

D. Provide a systematic means for problem solving and continued follow-up

E. Satisfy regulatory agency requirements, specifically JCAH #1

III. Appropriate departments/areas to be represented on an institutional quality assurance committee

A. Administration

B. Nursing

C. Medical staff

D. Medical records

E. Dietetic services

F. Pharmacy

G. Selected patient therapy areas

EXAMPLES: Physical therapy, psychological and social services

H. Selected diagnostic services

EXAMPLES: Lab, X-ray

I. Selected support services

EXAMPLES: Housekeeping, laundry

IV. Appropriate personnel to serve on a dietetic services quality assurance committee

A. Department head and/or R.D.

(NOTE: This individual serves as chairperson and is usually also the department's representative on the institutional committee.)

B. Departmental supervisory personnel

C. Employee representatives from various units

EXAMPLES: Cook, dishwasher, tray server

V. Functions of institutional and departmental quality assurance committees

A. Institutional

1. Develop policies, goals, and priorities for a quality assurance program

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2. Develop, conduct, and follow up multi-disciplinary audits

   (NOTE: In large institutions, various subcommittees may be delegated some of these responsibilities.)

3. Document all aspects of the quality assurance program

4. Review various departmental quality assurance programs

5. Provide a discussion forum for joint problem solving between institutional departments

6. Provide on-going continuity for institutional quality assurance activities

B. Departmental

1. Develop policies, goals, and priorities for a quality assurance program

2. Develop, conduct, and follow up mono-disciplinary audits

3. Document all aspects of the quality assurance program

4. Utilize audit results as an employee motivational tool

VI. Guidelines for selecting appropriate mono-disciplinary quality assurance audit topics (Assignment Sheet #1)

A. Apply the K I S S rule--Keep It Simple, Stupid

B. Focus on internal departmental areas or problems

C. Be specific

(NOTE: One of the most common errors in conducting audits is attempting to cover too much in one audit. Topics must be narrow enough to be manageable.)

D. Choose non-threatening topics for initial audits to enhance employee acceptance of the program

VII. Characteristics of overall objectives (Transparencies #2 and #3)

A. State general goals of service or patient care

B. Reflect professionally recognized standards of high quality dietetic service

C. Guide criteria development

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INFORMATION SHEET

VIII. Characteristics of well developed audit criteria (Assignment Sheet #1)

A. Relevant

B. Understandable

C. Measura'le

D. Behavioral

E. Achievable

(NOTE: To remember these characteristics, use the acronym RUMBA.)

IX. Characteristics of outcome and process criteria (Transparency #4)

	Focus or Emphasis	Administrative Audit	Clinical Audit
Outcome Criteria	Focus on end results	Reflect defined overall standards for quality food services	Describe desired patient condition or desired level of patient's demonstrable knowledge
Process Criteria	Focus on how the end result is accomplished	Reflect intermediate food service quality standards or employee performance levels necessary to accomplish outcome	Reflect the performance of the health care worker in delivering patient care or in patient education

X. Guidelines for setting criteria-expected performance levels (Assignment Sheet #1)

A. Be realistic

B. Be flexible; expected performance levels may be raised or lowered later, according to audit results

C. Involve employees to be affected by standards set

XI. Steps in criteria ratification

A. Present first draft criteria with expected performance levels to employees to be affected

(NOTE: Prior employee in-service education concerning the quality assurance program's purpose and procedures facilitate employee's understanding and ratification.)

B. Encourage employee discussion of each criteria and expected performance level

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C. Present employee approval or suggested changes concerning criteria to the quality assurance committee

D. Finalize criteria following quality assurance committee's consideration of any employee suggestions

E. Present formal criteria and expected performance levels to employees

XII. Advantages of criteria ratification

A. Increases employee acceptance of quality assurance program

B. Decreases any threatening perceptions of program

C. Communicate expected standards of performance to employees

EXAMPLE: New employees or experienced employees, either unsure or previously uninformed concerning their supervisor's expectations, receive information in an unthreatening manner

D. Reduces supervisor-employee tension through agreement on expected performance

XIII. Characteristics of good auditing tools (Assignment Sheet #2)

A. Easily understood by auditors

B. Minimizes subjective decisions by auditors

C. Easily used during audit

D. Leads to easy summarization

(NOTE: If percentages are to be used in analyzing results, audit items should be in multiples of 10.)

XIV. Steps in preparing to conduct an audit

A. Select the sample

B. Select auditor(s)

(NOTE: Candidates for auditors include the department head and/or R.D.; members of the departmental quality assurance committee, and employees affected by the standards. The number of auditors is determined by the extensiveness of the audit.)

C. Train auditor(s)

EXAMPLE: To use audit tool to minimize subjective variables (particularly if multiple auditors)

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D. Select audit time and day (random process suggested)

E. Announce upcoming audit to employees

XV. Appropriate uses of a total sample and a random sample

A. Total sample

1. Use if total population is small

2. Use if members of population vary significantly

EXAMPLE: Preparation accuracy audit of five tube feedings of various types and dilutions

3. Use if verifying the status of each member of the population is critical

B. Random sample

1. Use if total population is large

2. Use if many members in population are similar or identical

EXAMPLE: Temperature audit on 50 cartons of milk in the same refrigerator

3. Use if time and/or number of auditors is limited

4. Use random selection technique

EXAMPLES: Random number table, "fish bowl" technique

XVI. Quality assurance committee's steps in analyzing audit results (Transparency #5)

A. Summarize audit results

B. Compare audit results to expected performance levels

C. Develop possible solutions to any deficiencies

D. Assign trial implementation and written follow-up on possible solutions to correct deficiencies

E. Evaluate written follow-up report on possible solutions

F. Recommend implementation of favorable solutions found

G. Set re-audit date to monitor improvement or need for further investigation to correct recurring deficiency

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INFORMATION SHEET

XVII. Uses of documented audit results

A. Verify the level of positive performance to administration, medical staff, and others

B. Provide justification for increases in staff, equipment, and services

C. Satisfy JCAH requirements

D. Motivate employees

EXAMPLES: Reward system based on results, charting, and posting performance levels (Transparency #6)

XVIII. Importance of auditing schedules (Transparency #7)

A. Increase general organization of quality assurance programs

B. Prevent neglect of any audit area

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INFORMATION SHEET

XIX. Characteristics of administrative and clinical audits (Assignment Sheets #3 and #4)

	Administrative audits	Clinical audits
Emphasis	Quality of food services provided	Patient nutritional care or patient nutrition education provided
Approach	Usually mono-disciplinary	Multi-disiplinary or mono-disciplinary
Criteria	Pre-established Outcome and process Reflect recognized standards for high quality food service Include expected performance levels	Pre-established Outcome and process Reflect professionally recognized standards of quality nutritional patient care Include expected performance levels
Auditors	Trained Departmental	Trained From medical records department, institutional quality assurance committee or departmental (R.D., D.T., or C.D.A.)
Place of audit	Conducted "on the scene" or with the use of administrative records	Conducted on documentation in patient/resident chart, dietetic service Kardexes, or other patient care records
Audit results	Document quality of current services provided and/or areas of improvement needed	Document quality of current services provided and/or areas of improvement needed

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QUALITY ASSURANCE STANDARD

JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

DIETETIC SERVICES

STANDARD VI: THE QUALITY AND APPROPRIATENESS OF NUTRITIONAL CARE PROVIDED BY THE DIETETIC SERVICE SHALL BE REGULARLY REVIEWED AND EVALUATED.

FROM : ACCREDITATION MANUAL FOR HOSPITALS, 1981 , PAGE 20.

SAMPLE OVERALL OBJECTIVE AND AUDIT TOPICS

Overall Objective	Related Audit Topics
All food items shall be stored in a sanitary environment, minimizing the possibility of food spoilage or contamination.	Storage Area Sanitation Storage Area Temperatures Rotation of Food Items Labeling and Dating of Foods Leftover Utilization

DIETETIC SERVICES AUDIT

AUDIT TOPIC: STORAGE AREA TEMPERATURES

OBJECTIVE: ALL FOOD ITEMS SHALL BE STORED IN A SANITARY ENVIRONMENT MINIMIZING THE POSSIBILITY OF FOOD SPOILAGE OR CONTAMINATION.

SAMPLE:

AUDIT DATE:

AUDITOR:

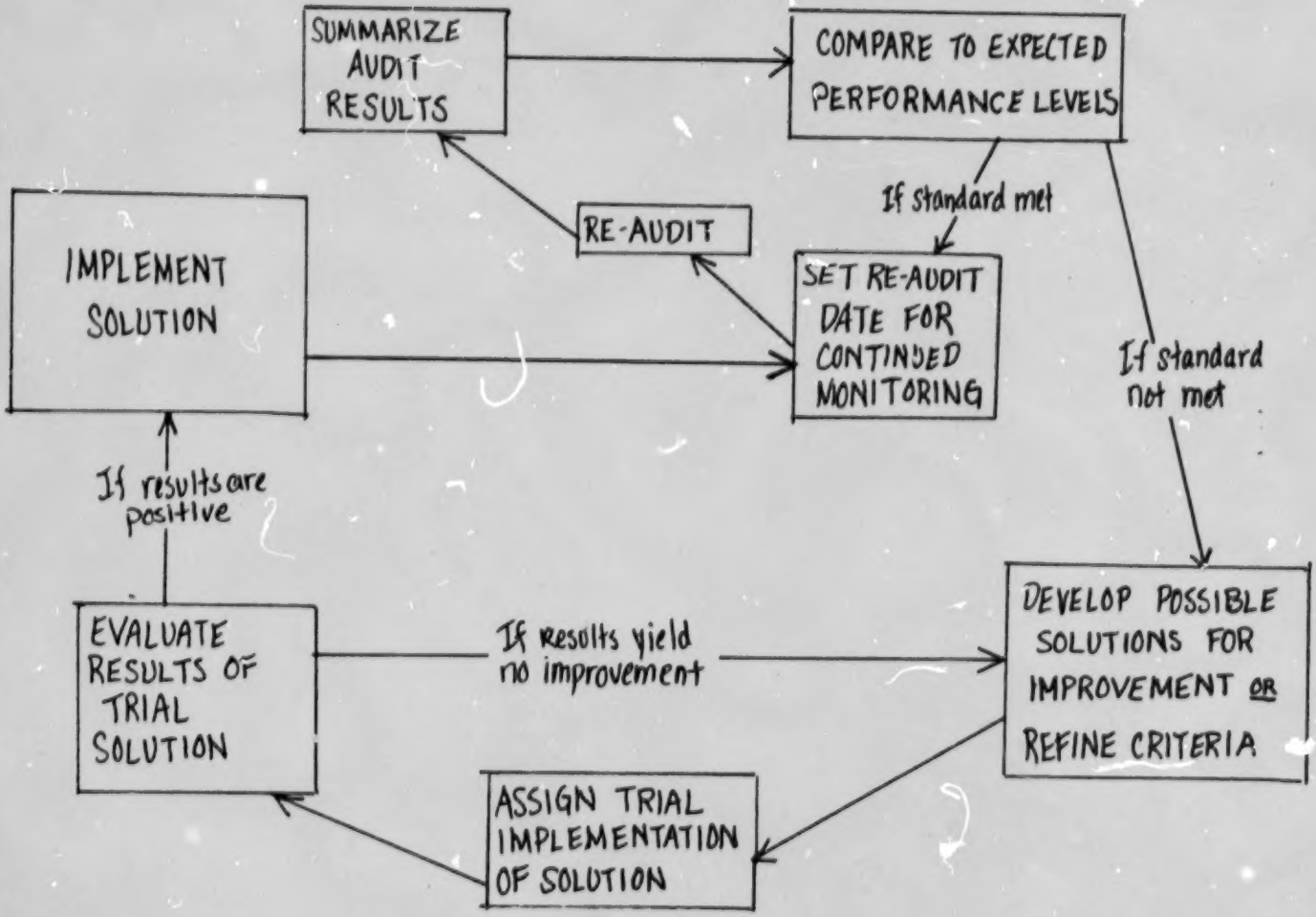
CRITERIA	1	2	3	4	5

TM # 3

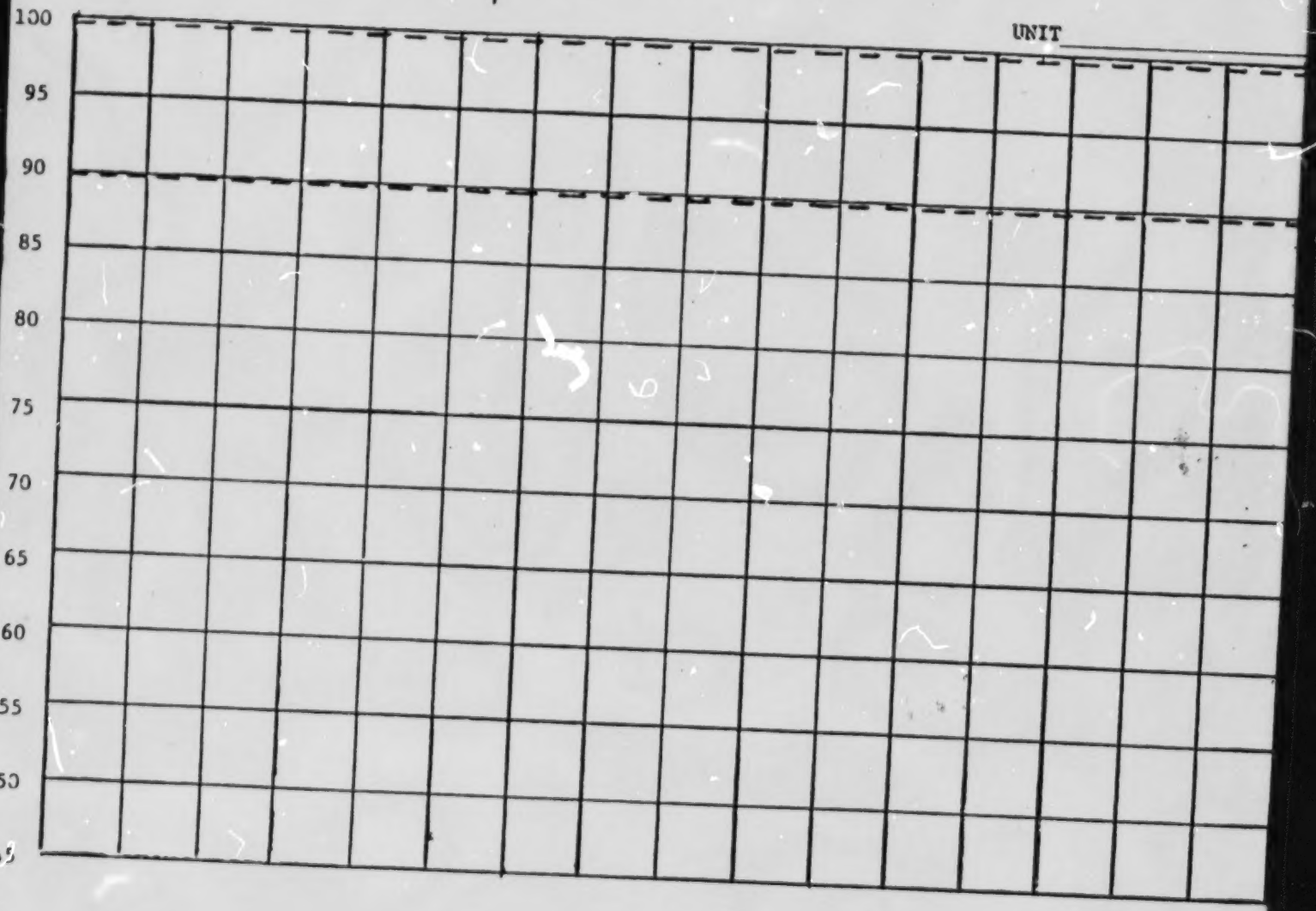
Sample Outcome and Process Criteria

	OUTCOME CRITERIA	RELATED PROCESS CRITERIA
ADMINISTRATIVE	PATIENT ENTREES ARE TO BE A MINIMUM TEMPERATURE OF 110°F WHEN SERVED TO THE PATIENT	1. ENTREE TEMPERATURES LEAVING THE COOK'S AREA 2. ENTREE TEMPERATURES ON THE SERVING LINE 3. ENTREE TEMPERATURES AS TRAY LEAVES THE KITCHEN 4. TRANSIT TIME--KITCHEN TO PATIENT
CLINICAL	PATIENT DEMONSTRATES THE ABILITY TO PLAN A ONE DAY MENU FOR HIS/HER DIABETIC DIET USING THE EXCHANGE CONCEPT	1. PATIENT INSTRUCTED BY R.D., D.T., OR C.D.A. ON INDIVIDUALIZED DIABETIC DIET USING THE EXCHANGE CONCEPT 2. PATIENT GIVEN SAMPLE MENU PLANS AND DIABETIC DIET INSTRUCTIONAL MATERIALS

Analyzing Audit Results


SUMMARIZE AUDIT RESULTS
COMPARE TO EXPECTED PERFORMANCE LEVELS
If standard met
RE-AUDIT
IMPLEMENT SOLUTION
SET RE-AUDIT DATE FOR CONTINUED MONITORING
If standard not met
If results are positive
EVALUATE RESULTS OF TRIAL SOLUTION
If results yield no improvement
DEVELOP POSSIBLE SOLUTIONS FOR IMPROVEMENT OR REFINE CRITERIA
ASSIGN TRIAL IMPLEMENTATION OF SOLUTION

Sample Performance Chart



PERIOD ENDING

SAMPLE AUDITING SCHEDULE

ADMINISTRATIVE AUDIT AREA	AUDIT MONTH
1. Food Service Sanitation	January May September
2. Patient/Resident Tray Service	February June October
3. Food Preparation Standards	March July November
4. Between Meal Feedings	April August December

TM #7

QUALITY ASSURANCE IN DIETETIC SERVICES
UNIT I

ASSIGNMENT SHEET #1--DEVELOP AUDIT CRITERIA FOR A SELECTED TOPIC

Developing audit criteria becomes easier with practice. To help develop your skills in criteria development, join a group of five to eight other students to form a mock quality assurance committee. Each committee must select a chairperson and a secretary to record the group's work.

(NOTE: A good reference for administrative audit topics and sample criteria is the Hospital Food Service Management Review. Chicago: American Hospital Association, Catalog No. 1410, 1980.)

Part I--Select one audit topic for your quality assurance committee using the guidelines in Objective V. Suggested areas from which an audit topic could be selected and narrowed include:

Personnel dress code

Food service sanitation

Food temperatures

Patient/resident tray appearance

Between meal nourishments

Food preparation standards

Portion control

Menu planning (patient or cafeteria)

Inventory and storeroom control

Employee training and in-service education

Part II--As a committee, develop audit criteria for your topic. Include expected performance levels.

Part III--Report developed criteria to the total workshop by writing criteria on a transparency.

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QUALITY ASSURANCE IN DIETETIC SERVICES
UNIT I

ASSIGNMENT SHEET #2--ADAPT SAMPLE AUDITING TOOLS
FOR A SET OF DEVELOPED CRITERIA

NAME _____ SCORE _____

Developing auditing tools can be time-consuming. A variety of audit tools have already been developed by many organizations. Figures 1, 2, 3 and 4 following this assignment sheet are examples. As a committee, select one of these (or develop your own), and adapt it to the needs of the audit topic and criteria you have developed.

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EXAMPLE:

ASSIGNMENT SHEET #2

DIETARY PROGRESS NOTES

Patient Name _____ Room No. _____

Doctor _____

DATE	Progress Notes

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ASSIGNMENT SHEET #2

EXAMPLE:

Figure 1

AUDIT TOPIC: Patient Tray Accuracy and Identification

DATE: _____
AUDITOR: _____

SAMPLE:

STANDARD: EACH PATIENT TRAY SHALL BE ACCURATELY SERVED BY THE DIETARY TRAYLINE ACCORDING TO A CLEARLY MARKED PATIENT MENU.

CRITERIA	1	2	3	4	5	6	7	8	9	10	TOTAL SCORES
1. Each patient tray is identified with a clearly marked menu showing the patient's name, room number, diet, and food items requested.											
2. All food items marked on the menu appear on the tray.											
3. All food items are the standard or designated serving size according to the marked menu.											
4. No food items appear on the tray which are not marked on the menu.											
*TOTAL SCORES											

*Scoring Code: 1-Satisfactory; 0-Unsatisfactory

Comments: _____

ASSIGNMENT SHEET #2

EXAMPLE:

FIGURE 2

DATE: _____

AUDIT TOPIC: Food Temperatures/Patient Trays AUDITOR: _____

SAMPLE:

STANDARD: Patient foods shall be a palatable temperature at the point of service to the patient.

CRITERIA			1	2	3	4	5	6	7	8	9	10	TOTAL SCORES
FOOD TYPE	STANDARD*												
1. Meats	110°F	Actual **Score											
2. Potato	110°F	Actual **Score											
3. Vegetable	110°F	Actual **Score											
4. Soups	130°F	Actual **Score											
5. Hot Beverages	150°F	Actual **Score											
6. Cold Beverages	50°F	Actual **Score											
7. Cold Foods	65°F	Actual **Score											
		TOTAL SCORES											

*Based on OHA Recommendations
**Scoring: 1-Acceptable; 0-Unacceptable

ASSIGNMENT SHEET #2

EXAMPLE:

Figure 3

FOOD SERVICE DEPARTMENT
QUALITY ASSURANCE INSPECTION SHEET II

LOCATION: _____ DATE: _____

EVALUATED BY: _____ TIME: _____

EQUIPMENT (Select at least 5)	CLEAN S	CLEAN U	ORDER S	ORDER U	OPER S	OPER U	COMMENTS FOR UNSAT. RATINGS
CABINETS							
RACKS, SHELVES							
TABLES, COUNTERS							
SINKS							
REFRIGERATORS							
FREEZERS							
STOVES, OVENS, GRILLS							
STACK STEAMERS, KETTLES							
BEVERAGE DISPENSERS							
DISHWASHING MACHINE							
DISPOSAL							
UTENSILS: DISHES							
POTS/PANS							
CONVEYORS: TRAY							
CART							
CARTS: FOOD STORAGE							
MEAL							
TRASH CONTAINERS							
TOTAL RATINGS							

AREA MAINTENANCE (Select at least 5)	CLEAN S	CLEAN U	REASON FOR NEGATIVE RATING OR CONDITION TO BE REPORTED FOR FURTHER ATTENTION
BASEBOARDS			
DOORS			
FLOORS			
WALLS			
LIGHTS			
FLOOR, SINKS, DRAINS			
HOODS, VENTILATORS			
LAVATORY			
TOTAL RATINGS			

PERSONNEL NAME	UNIF. S	UNIF. U	CAP. S	CAP. U	HAIR NET S	HAIR NET U	APRONS S	APRONS U	HANDS S	HANDS U	NAILS S	NAILS U	PRS.HY. S	PRS.HY. U	COMMENT-UNSAT. RATING
TOTAL RATINGS															

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ASSIGNMENT SHEET #2

EXAMPLE:

Figure 4

FOOD SERVICE DEPARTMENT
QUALITY ASSURANCE INSPECTION SHEET I

FOOD PREPARATION

DATE: _____
TIME: _____

REF. NO.	BREAKFAST / LUNCH / DINNER																					
	CATEGORY	A				B				C				D								
	FOODS	APPEAL				TASTE				TEXTURE				FOOD TEMPERATURE								
	SELECT AT LEAST 5	S	U			S	U			S	U			SERVING LINE				FLOOR				BEDSIDE			
														STD	ACT	S	U	STD	ACT	S	U	STD	ACT	S	U
	TOTAL RATINGS																								

REF.	COMMENTS FOR UNSAT. RATINGS	REF.	COMMENTS FOR UNSAT. RATINGS

EVALUATED BY: _____

QUALITY ASSURANCE IN DIETETIC SERVICES
UNIT I

ASSIGNMENT SHEET #3--CONDUCT A SAMPLE CLINICAL AUDIT

NAME _____ SCORE _____

As you have seen, criteria and audit tool development are essential, but time-consuming, steps in the quality assurance process. For conducting a sample clinical audit, a set of criteria on care of diabetic in-patients has already been developed for you. Review these and the auditing tool at this time. Your instructor will lead a discussion of these in a few minutes.

Part I-- Attached to this assignment sheet are the pertinent pages of four patient charts. Acting as the quality assurance auditor, review these charts for documentation to support accomplishment of the criteria. Use the auditing tool and the scoring code shown to score each criteria for each chart.

Part II-- Total the score for each criteria. You will need the following formula to calculate the scores:

$$\frac{\text{Number of times criteria met}}{\text{(number of charts reviewed - excepted cases)}} = \text{percentage accomplished}$$

Your instructor will illustrate how to calculate these scores.

Part III--Participate in a group discussion of the audit you have just completed.

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ASSIGNMENT SHEET #3

SAMPLE CLINICAL AUDIT CRITERIA

Audit Topic: Diabetes Mellitus

Objective: Each diabetic in-patient shall receive the highest quality nutritional care and diabetes patient education.

Criteria 1: Physician's diet order confirmed within 18 hours of admission and/or diet order change.
Expected performance level: 100 percent.
Exceptions: Patient discharged or expired within 18 hours.

Criteria 2: Diet history, including food preferences, obtained.
Expected performance level: 100 percent.
Exceptions: Patient mentally or physically unable to communicate effectively. Patient refuses to provide information. Family member or significant other not available to provide information.

Criteria 3: Patient weight status evaluated at least weekly.
Expected performance level: 100 percent.
Exceptions: Patient weight not available.
Patient discharged or expired within one week of admission.

Criteria 4: Prior to discharge, patient's diet evaluated for appropriateness considering patient's weight and usual activity level.
Expected performance level: 100 percent.
Exceptions: Patient weight not available.
Patient discharged or expired within three days of admission.

Criteria 5: Prior to discharge, patient or significant other instructed and given copy of patient's diet.
Expected performance level: 100 percent.
Exceptions: Patient mentally unable or unwilling to receive diet instruction.
Patient expired or is discharged within three days of admission.
Patient transferred to another care facility rather than prepared for self-care.

Criteria 6: Prior to discharge, patient or significant other demonstrates the ability to plan a one-day food intake using patient's diet pattern.
Expected performance level: 100 percent.
Exceptions: Same as criteria #5

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ASSIGNMENT SHEET #3

AUDIT TOPIC: Diabetes Mellitus

OBJECTIVE: Each diabetic in-patient shall receive the highest quality nutritional care and diabetes patient education.

AUDIT SAMPLE: Four randomly selected adult patients diagnosed with diabetes mellitus

ABBREVIATED AUDIT CRITERIA	Thomas	Williams	Haynes	Jones	Percent Accomplished
1. Physician's diet order confirmed within 18 hours of admission or change.					
2. Diet history, including food preferences, obtained.					
3. Patient weight status evaluated at least weekly.					
4. Patient's diet evaluated for appropriateness considering patient's weight and usual activity level.					
5. Patient or significant other instructed and given copy of patient's diet.					
6. Patient or significant other demonstrates the ability to plan a one-day food intake using patient's diet pattern.					

Scoring Code: 1--Criteria met
0--Criteria not met
E--Exception applies

ASSIGNMENT SHEET #3

BIRTH DATE 2/4/49 AGE 33 SEX F MARITAL STATUS Married HEIGHT 5'7" WEIGHT 130

ADMISSION DATE 4/1/82 DIET Reg ALLERGIES NONE KNOWN

DIAGNOSIS: DURATION:

1) Diabetes Mellitus probable 1) newly diagnosed

2) 2)

3) 3)

4) 4)

APPLIANCES:

Dentures: Upper___ Lower___
Self-Help Feeding Devices___
Eyeglasses___ Hearing Aid___
Walker___ W/C___ Cane___
Other

DISCHARGE PLANS Yes___ No___ IF SO, EXPLAIN

PHYSICAL STATUS

A. VITAL SIGNS. Temperature 99² Pulse 76 Respirations B/P 125/82

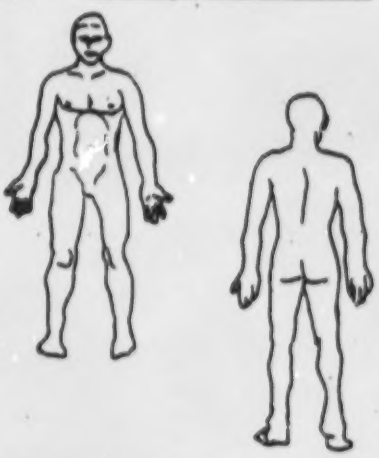
B. PERSONAL CARE: 1) Bath (type): Bed___ Tub___ Shower✓ Whirlpool___
Self✓ Partial Assistance___ Total Help___

2) Dressing: Self✓ Partial Assistance___ Total Help___

3) Ambulation. Bedside Chair___ W/C___ Walker___ Cane___
Crutch___ Other
Self✓ Partial Assistance___ Total Help___

4) Oral Hygiene: Self✓ Partial Assistance___ Total Help___

5) Condition of Mouth: Good



C. PHYSICAL APPEARANCE: Amputation Paralysis
Tremors Contractures
Vision Hearing
Deformities

D. SKIN PROBLEMS: (Indicate location on figures)
None✓ Dry___ Scaly___ Rash___ Decubiti___ Other:

E. ELIMINATION: Continent: Bladder✓ Bowel✓ Incontinent: Bladder___ Bowel___
Uses: Toilet✓ Bedpan___ Urinal___ Catheter___ Colostomy___

F. COMMENTS:

MENTAL & BEHAVIOR STATUS

A. COMMUNICATION: Problem: Yes___ No✓
Speech: Yes✓ No___ Total___ Partial___ Other:
Language: Yes✓ No___ Total___ Partial___ Other:

B. LEVEL OF CONSCIOUS: Alert✓ Confused___ Forgetful___ Lethargic___ Stuporous___ Comatose___

C. BEHAVIOR: Quiet___ Friendly___ Anxious✓ Hyperactive___ Demanding___ Noisy___ Depressed___
Disoriented___ Wanders___ Hostile___ Withdrawn___

D. SLEEP PATTERN: Well Usually✓ Poor___ Medicine Usually Required

E. PERSONAL HABITS: Non-Smoker___ Smoker✓ Pipe___ Cigar___ Cigarettes✓ Chews Tobacco___ Dipt Snuff___
Drinks Alcoholic Beverages: Never___ Occasionally✓ Excessively___

F. DOES PATIENT UNDERSTAND HIS ILLNESS AND/OR PLACEMENT? Yes___ NO✓

G. COMMENTS: Need more information

DATE SIGNATURE

PATIENT Thomas, Lorraine MEDICAL CASE # 103-A-31 PHYSICIAN ML Carter ROOM # 30

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ASSIGNMENT SHEET #3

DOCTORS WRITTEN ORDERS AND PROGRESS NOTES

Patient's Name (Last)	(Middle)	(First)	Admission No.
Thomas	J.	Lorraine	103-A-31
Physician's Name			Admission Date
Carter			4/1/82

DATE	ORDERS	PROGRESS NOTES
4/1	Admission orders: 1) 2 Hour Glucose Tolerance Test ASAP - Call results 2) SMA-12 3) Reg. Diet 4) Check blood sugars and urine each eight hours. - Call results. 5) Patient up as desired 6) FBS tomorrow A.M. - Call results. MLC	
4/2	10 units Reg. + 30 units NPH Insulin each AM after FBS 1500 Cal. ADA Diet Continue blood sugar & urine checks -- Call results. M Carter	
4/5	Change diet to 1500 Cal. ADA with H.S. snack. Begin instructing patient in self care -- insulin use and diet M. Carter	

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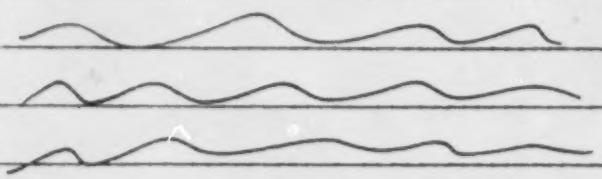
ASSIGNMENT SHEET #3

DOCTORS WRITTEN ORDERS AND PROGRESS NOTES

Patient's Name (Last)	(Middle)	(First)	Admission No.
Thomas	J.	Lorraine	103-A-31
Physician's Name: Carter			Admission Date: 4/1/82

DATE	ORDERS	PROGRESS NOTES
4/6		
4/7	Discharge patient today or after completion of diabetic teaching. M. Carter	

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ASSIGNMENT SHEET #3

DIETARY PROGRESS NOTES

NAME Thomas, Lorraine DOCTOR ML Carter ROOM NO 30

DIAGNOSIS

4/3 Pt. diet order confirmed at 1800 ADA. Pt. very apprehensive at admission, but cooperative. Good preference and diet history obtained. Patient states her weight has been stable at 125-130 lb. for several years. D. Daniels CDA

4/4 Pt. reported this AM that she has had "two rough nights." Nursing notes confirm insulin reactions and the administration of orange juice w/ sugar and crackers. Based on insulin type and dosage on HS snack with approximately 1/10 of the daily CHO and some protein recommended. The 1500 calories appears appropriate for patient's weight and described sedentary life style. Dr. Carter to be contacted for change in diet order including HS snack.
B. Rogers R.D.

4/5 Diet order change to 1300 ADA w/HS confirmed and implemented with lunch today. New diet pattern reviewed with patient. Patient appears to be losing some of earlier apprehensions and is requesting more information about diet.
D. Daniels CDA

4/6 Pt's weight 128½ today, Pt. states she is feeling better. Patient given complete diet information package. Patient had many questions - good discussion of self care received.
D. Daniels CDA

4/7 Patient has completed planning 3 days' sample meals with only 1 error. Pt. appears very motivated and to have a good understanding of 1300 ADA diet w/HS. She was encouraged to call if we can be of further help after dismissal.
D. Daniels, CDA

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ASSIGNMENT SHEET #3

BIRTH DATE May 30, 1919 AGE 62 SEX M MARITAL STATUS Mar ___ HEIGHT 6' 1" WEIGHT 225

ADMISSION DATE Mar 9, 1982 DIET 1800 ADA ALLERGIES None

DIAGNOSIS: DURATION:

1) Tests-upper & lower GI ___ 1) ___

2) Diabetes Mellitus 2) approx 15 years

3) ___ 3) ___

4) ___ 4) ___

APPLIANCES:

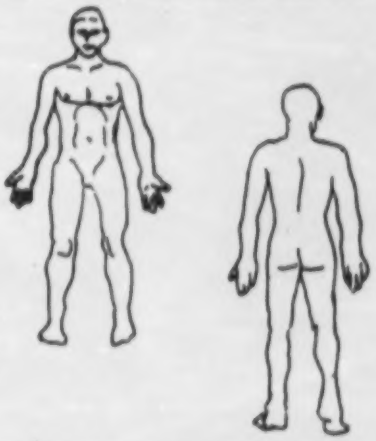
Dentures: Upper ✓ Lower ___
Self-Help Feeding Devices ___
Eyeglasses ___ Hearing Aid ✓
Walker ___ W/C ___ Cane ___
Other ___

DISCHARGE PLANS Yes ___ No ___ IF SO, DETAIL ___

PHYSICAL STATUS

A. VITAL SIGNS: Temperature 99 Pulse 74 Respirations ___ B/P 125/85

B. PERSONAL CARE:
1) Bath (type): Bed ___ Tub ___ Shower ✓ Whirlpool ___
Self ✓ Partial Assistance ___ Total Help ___
2) Dressing: Self ✓ Partial Assistance ___ Total Help ___
3) Ambulation: Bedside Chair ___ W/C ___ Walker ___ Cane ___
Crutch ___ Other ___
Self ✓ Partial Assistance ___ Total Help ___
4) Oral Hygiene: Self ✓ Partial Assistance ___ Total Help ___
5) Condition of Mouth: OK



C. PHYSICAL APPEARANCE: Amputation ___ Paralysis ___
Tremors ___ Contractures ___
Vision ___ Hearing poor
Deformities ___

D. SKIN PROBLEMS: (Indicate location on figures)
None ✓ Dry ___ Scaly ___ Rash ___ Decubiti ___ Other: ___

E. ELIMINATION: Continent: Bladder ✓ Bowel ✓ Incontinent: Bladder ___ Bowel ___
Uses: Toilet ✓ Bedpan ___ Urinal ___ Catheter ___ Colostomy ___

F. COMMENTS: ___

MENTAL & BEHAVIOR STATUS

A. COMMUNICATION: Problem: Yes ___ No ✓
Speech: Yes ___ No ___ Total ___ Partial ___ Other: ___
Language: Yes ✓ No ___ Total ___ Partial ___ Other: ___

B. LEVEL OF CONSCIOUS: Alert ___ Confused ___ Forgetful At times ✓ Lethargic ___ Stuporous ___ Comatose ___

C. BEHAVIOR: Quiet ___ Friendly ___ Anxious ✓ Hyperactive ___ Demanding ___ Noisy ___ Depressed ___
Disoriented ___ Wanders ___ Hostile ___ Withdrawn ___

D. SLEEP PATTERN: Well ✓ Poor ___ Medicine Usually Required ___

E. PERSONAL HABITS: Non Smoker ✓ Smoker ___ Pipe ___ Cigar ___ Cigarettes ___ Chews Tobacco ___ Dips Snuff ___
Drinks Alcoholic Beverages: Never ___ Occasionally ✓ Excessively ___

F. DOES PATIENT UNDERSTAND HIS ILLNESS AND DP PLACEMENT? Yes ___ NO ___

G. COMMENTS ___

DATE ___ SIGNATURE ___

PATIENT Williams, Bill MEDICAL CASE # 127-A-362 PHYSICIAN Newman ROOM # 6

NURSING DATA

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ASSIGNMENT SHEET #3

DOCTORS WRITTEN ORDERS AND PROGRESS NOTES

Patient's Name (Last)	(Middle)	(First)	Admission No.
Williams	A.	Bill	127-A-302
Physician's Name			Admission Date
K.M. Livermon			3-9-82

DATE	ORDERS	PROGRESS NOTES
3-9	Admission Orders: 1) 1800 Cal. ADA dinner - Dinner tonight only. 2) Pt. NPO after 6 PM tonight. 3) SMA 12 4) Enema + standard prep for G.I. tests, 6:00AM on 3/10. KML	
3-10	1) Call when test results available. 2) 1800 Cal. A.D.A. Diet 3) Orinase - 200mg now and each AM. K.M. Livermon	
3-11		
3-12	Discharge today. K.M. Livermon	

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ASSIGNMENT SHEET #3

DIETARY PROGRESS NOTES

NAME Williams, Bill DOCTOR K.M. Stevenson ROOM NO 6

Date and Time	
3/10	S - Dx ajuvg diet history & food preferences. patient states he has been a diabetic for years and "just avoids desserts". He also states that his wife had a diet book a long time ago but it has been lost.
	O - Pt. admission weight of 225, blood sugar 180.
	A - Pt. caloric needs estimated at appox. 2500 daily. Pt. should lose 1-2 lb. weekly at 1800 calories. Implementation of diet should also help reduce his blood sugar as patient reports eating whatever he wants except desserts
	P - Diet order confirmed and will be implemented at 1800 ADA utilizing patient's preferences when possible. Pt. needs diet instruction prior to dismissal. Request nursing staff to call when wife arrives. J. Long CDA
3/11	S - Pt. complains we are starving him.
	A - Pt. has obviously been consuming large quantities of food at home.
	P - Include more high volume, low calorie items in diet. J. Long
3/12	S - Pt's wife appears supportive and interested in diet materials despite. Pt's anxiousness to leave the hospital.
	O - Diet instruction given to wife and patient. 1800 ADA pattern and other materials given. Pt. not interested in meal planning, but his wife immediately completed a 1 day sit of sample menus.
	A - Pt. not interested and probably will not follow diet at home despite wife's encouragement.
	P - Pt. and wife invited to come back on an outpatient basis for more instruction. J. Long, CDA

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ASSIGNMENT SHEET #3

BIRTH DATE 12-24-33 AGE 50 SEX F MARITAL STATUS Widow HEIGHT 5'4" WEIGHT 124#

ADMISSION DATE 3-14-82 DIET 1800 ADA ALLERGIES Penicillin

DIAGNOSIS:
1) Complaint of chest pain + SOB. — DURATION: 1) off and on/last month — APPLIANCES:
2) Diabetes Mellitus — 2) 2 years — Dentures: Upper ✓ Lower ✓
3) — 3) — Self-Help Feeding Devices ___
4) — 4) — Eyeglasses ✓ Hearing Aid ___
Walker ___ W/C ___ Cane ___
Other ___

DISCHARGE PLANS YES ___ NO ___ IF SO, EXPLAIN ___

PHYSICAL STATUS

A. VITAL SIGNS. Temperature 97 Pulse 69 Respirations ___ B/P 140/90

B. PERSONAL CARE: 1) Bath (type): Bed ___ Tub ___ Shower ___ Whirlpool ___
Self ✓ Partial Assistance ___ Total Help ___

2) Dressing: Self ✓ Partial Assistance ___ Total Help ___

3) Ambulation: Bedside Chair ___ W/C ___ Walker ___ Cane ___
Crutch ___ Other ___
Self ✓ Partial Assistance ___ Total Help ___

4) Oral Hygiene: Self ✓ Partial Assistance ___ Total Help ___

5) Condition of Mouth: needs dentist's referral

C. PHYSICAL APPEARANCE: Amputation ___ Paralysis ___
Tremors ___ Contractures ___
Vision ___ Hearing ___
Deformities ___

D. SKIN PROBLEMS: (Indicate location on figures)
None ✓ Dry ___ Scaly ___ Rash ___ Decubiti ___ Other: ___

E. ELIMINATION: Continent: Bladder ✓ Bowel ✓ Incontinent: Bladder ___ Bowel ___
Uses: Toilet ✓ Bedpan ___ Urinal ___ Catheter ___ Colostomy ___

F. COMMENTS: ___

MENTAL & BEHAVIOR STATUS

A. COMMUNICATION: Problem: Yes ___ No ✓
Speech: Yes ✓ No ___ Total ___ Partial ___ Other: ___
Language: Yes ✓ No ___ Total ___ Partial ___ Other: ___

B. LEVEL OF CONSCIOUS: Alert ✓ Confused ___ Forgetful ___ Lethargic ___ Stuporous ___ Comatose ___

C. BEHAVIOR: Quiet ___ Friendly ___ Anxious ___ Hyperactive ___ Demanding ✓ Noisy ___ Depressed ___
Disoriented ___ Wanders ___ Hostile ___ Withdrawn ___

D. SLEEP PATTERN: Well ___ Poor ___ Medicine Usually Required ___

E. PERSONAL HABITS: Non-Smoker ___ Smoker ✓ Pipe ___ Cigar ___ Cigarettes ✓ Chews Tobacco ___ Dips Snuff ___
Drinks Alcoholic Beverages: Never ✓ Occasionally ___ Excessively ___

F. DOES PATIENT UNDERSTAND HIS ILLNESS AND/OR PLACEMENT? YES ✓ NO ___

G. COMMENTS: ___

DATE ___ SIGNATURE ___

PATIENT Haynes, Mildred MEDICAL CASE # 102-A-40 PHYSICIAN R. T. Mooney ROOM # 28

ASSIGNMENT SHEET #3

DOCTORS WRITTEN ORDERS AND PROGRESS NOTES

Patient's Name (Last)	(Middle)	(First)	Admission No.
Haynes	S.	Mildred	102-A-40
Physician's Name			Admission Date
R.J. Clancy			3-14-82

DATE	ORDERS	PROGRESS NOTES
3-14	Admission Orders: 1) Treadmill/EKG ASAP-Call when results are ready. 2) Blood pres. q 2hrs. -Call if ↑. 3) SMA 12 4) Weigh 2X weekly. 5) Tolinase -250mg each AM 6) 1800 Cal. ADA Diet 7) Urine checks 2X daily R.J. Clancy	
3-17	Change diet – 1800 Cal ADA, 2 gm Na. – Received orally by phone. V. Martin, R.D.	
3-25	Reduce calories to 1200 per R.D.'s recommendation. RJC	
3-26	~~~~~	
3-28	Discharge when patient can make arrangements to go home. R.J. Clancy, M.D.	

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ASSIGNMENT SHEET #3

DIETARY PROGRESS NOTES

NAME Haynes, Mildred DOCTOR R.J. Clancy ROOM NO. 14

Date and Time	
3/14	O - Diet order confirmed at 1800 ADA. P - Diet to be implemented as ordered including patient's food preferences recorded as much as possible. R. Moore CDA
3/17	S - Pt. states in giving diet/weight history that she has followed 1200 ADA diet for last 2 years and has sucessfully lost about 20 lb. O - Admission weight 124#. Weight (3-17) - 124½#. Blood pressure 140/90. A - Based on patient's weight and activity levels her caloric needs to maintain are approximately 1450 calories. Since patient remains slightly above her ideal weight, 1200 ADA as she requests seems appropriate. With blood pressure elevation mild sodium restriction recommended. P - Monitor weight for 1 week. Contact M.D. to implement 2gm Na restriction. (Verbal order obtained - diet change confirmed at 1800 ADA, 2gm Na) V. Martin, R.D.
3/18	S - Pt. requests salt substitute. O - Basic principles of 2gm diet explained - diet sheet given showing restricted foods. P - Send salt substitute sample to patient today. R. Moore, CDA
3/21	S - Pt. displeased with weight gain stating we are "stuffing her". O - Patient's weight (3/23) up to 125½#. A - Based on weekly weight gain and previously calculated caloric needs, pt's intake is approximately 500 calories in excess. P - Recommend 1200 ADA diet w/ 2gm Na restriction for physician's approval. (over) V. Martin, R.D.

ASSIGNMENT SHEET #3

NAME _____ DOCTOR _____ ROOM NO _____

Date and Time	
3/25	O - 1200 ADA, 2gm Na diet order change confirmed. P - Implement tomorrow with Breakfast. R. Moore, CDA
3/26	S - Pt. states she is pleased with diet change to 1200 calories and that the salt restriction is "not as bad as she thought it would be." Pt. requests copy of diet to study. A - Pt. appears receptive to diet teaching at this time. P - Pt. to be given diet instructional materials to read. Complete diet instruction tomorrow. R. Moore, CDA
3/27	O - after diet instruction, Pt. successfully planned 4 meals using 1200 ADA pattern w/ 2gm Na restriction. Pt. also stated a sample "liquid diet" for sick day. Pt. requests info. on eating out. A - Pt. appears prepared for discharge in terms of nutritional self care. P - Supply requested pamphlet on eating out. R. Moore, CDA

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ASSIGNMENT SHEET #3

BIRTH DATE 8/13/27 AGE 54 SEX F MARITAL STATUS Widow HEIGHT 5'7" WEIGHT 153
ADMISSION DATE 1/3 DIET 1200ADA W/HS ALLERGIES Tomatoes, Aspirin

DIAGNOSIS: DURATION:
1) Diabetes Mellitus 1) approx. 10 years
2) Admitted for amputation of left large toe 2)
3) 3)
4) 4)

APPLIANCES:
Dentures: Upper__ Lower__
Self-Help Feeding Devices__
Eyeglasses ✓ Hearing Aid__
Walker__ W/C__ Cane ✓
Other

DISCHARGE PLANS Yes__ No__ IF SO, EXPLAIN

PHYSICAL STATUS

A. VITAL SIGNS. Temperature 98 Pulse 72 Respirations B/P 130/85

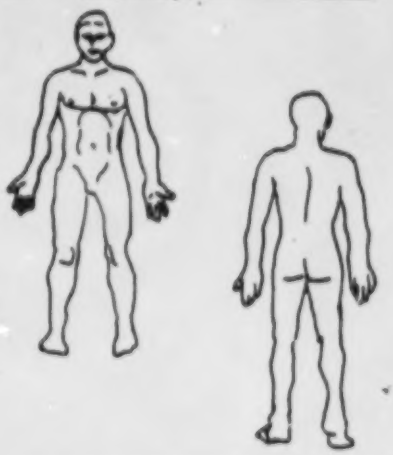
B. PERSONAL CARE: 1) Bath (type): Bed__ Tub__ Shower ✓ Whirlpool__
Self ✓ Partial Assistance__ Total Help__

2) Dressing: Self ✓ Partial Assistance__ Total Help__

3) Ambulation. Bedside Chair__ W/C__ Walker__ Cane ✓
Crutch__ Other
Self ✓ Partial Assistance ✓ Total Help__

4) Oral Hygiene: Self ✓ Partial Assistance__ Total Help__

5) Condition of Mouth: OK



C. PHYSICAL APPEARANCE: Amputation Paralysis
Tremors Contractures
Vision Hearing
Deformities

D. SKIN PROBLEMS: (Indicate location on figures)
None__ Dry ✓ Scaly__ Rash__ Decubiti__ Other:

E. ELIMINATION: Continent: Bladder ✓ Bowel ✓ Incontinent: Bladder__ Bowel__
Uses: Toilet__ Bedpan__ Urinal__ Catheter__ Colostomy__

F. COMMENTS:

MENTAL & BEHAVIOR STATUS

A. COMMUNICATION: Problem: Yes__ No ✓
Speech: Yes ✓ No__ Total__ Partial__ Other:
Language: Yes ✓ No__ Total__ Partial__ Other:

B. LEVEL OF CONSCIOUS: Alert ✓ Confused__ Forgetful__ Lethargic__ Stuporous__ Comatose__

C. BEHAVIOR: Quiet__ Friendly__ Anxious ✓ Hyperactive__ Demanding__ Noisy__ Depressed__
Disoriented__ Wanders__ Hostile__ Withdrawn__

D. SLEEP PATTERN: Well__ Poor ✓ Medicine Usually Required NO

E. PERSONAL HABITS: Non-Smoker ✓ Smoker__ Pipe__ Cigar__ Cigarettes__ Chews Tobacco__ Dips Snuff__
Drinks Alcoholic Beverages. Never__ Occasionally__ Excessively__

. DOES PATIENT [illegible] ILLNESS AND/OR PLACEMENT? Yes ✓ NO

C. COMMENTS

DATE SIGNATURE

PATIENT Jones, Mary MEDICAL CASE # 103 A-7 PHYSICIAN Burke ROOM # 27

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ASSIGNMENT SHEET #3

DOCTORS WRITTEN ORDERS AND PROGRESS NOTES

Patient's Name (Last)	(Middle)	(First)	Admission No.
Jones	A.	Mary	103-A-7
Physician's Name			Admission Date
Burke.			1-3-82

DATE	ORDERS	PROGRESS NOTES
1-3	Admission Orders:	
	1) FBS each AM	
	2) Call FBS each AM	
	3) 15 Units Reg. + 45 Units NPH Insulin each AM after FBS.	
	4) 1200 Cal. ADA with HS.	
	5) Weigh weekly	
	6) SMA 12 - Call results if abnormal.	
	7) Urine checks 3x daily.	
	E. T. Burke, M.D.	
1-5	Pt. NPO after midnight tonight. Prep pt. for 7:30 AM surgery on 1-6 to remove large toe (L) foot.	
	Hold Insulin on 1-6.	
	E.T.B.	
1-6	Standard post-surgical care for toe area.	
	With lunch, resume 1200 ADA with H.S. — ~~Full liquid~~ today. Advance to soft → Reg. as tolerated.	
	15 Units Regular + 30 Units NPH	

ASSIGNMENT SHEET #3

DOCTORS WRITTEN ORDERS AND PROGRESS NOTES

Patient's Name (Last)	(Middle)	(First)	Admission No.
Jones,	A.	Mary	103-A-7
Physician's Name: Burke			Admission Date: 1-3-82

DATE	ORDERS	PROGRESS NOTES
	30 minutes before lunch today.	
	15 Units Regular + 40 Units NPH each AM after FBS beginning 1/7.	
	E. T. Burke, M.D.	
1-8	~~~~	
1-10	~~~~	
1-12	~~~~	
1-16	Dietitian to rework pattern to include snacks as requested.	
	E. T. Burke, M.D.	
1-20	~~~~	
	~~	
1-24	~~~~	
	~~	
1-30	Discharge to S.R. Nursing Home today or ASAP.	
	E. T. Burke, M.D.	

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ASSIGNMENT SHEET #3

DIETARY PROGRESS NOTES

NAME Jones, Mary DOCTOR Burke ROOM NO 27

Date and Time	
1/4	Pt's diet order confirmed and implemented at 1200 ADA w/HS. Pt's diet history and food preferences recorded on Dietetic Service Kardex. L. Smith, CDA
1/7	Pt. requests solid food today. Advance from 1200 ADA w/HS full liquid to soft for lunch. L. Smith, CDA
1/9	Pt's admission weight recorded at 153#. Pt. weight 151# today. If a 1-2 lb weekly weight loss can be maintained, calorie level would appear appropriate as Pt. approaches ideal body weight of approx. 130 lb. Pt. requests advance to Regular 1200 ADA w/HS - to be implemented for dinner today. J. McMann, R.D.
1/15	Pt. has not lost weight this week. In interviewing patient she states her family has been bringing in "snacks". Pt. agrees to stop eating foods from outside if an afternoon feeding can be worked into her diet pattern. This will be implemented with physician's approval. L. Smith, CDA
1/16	Pt's diet pattern reworked to include 2^00 PM nourishment. Diet now includes 1/4 CHO Breakfast, 1/4 CHO lunch, 1/8 nourishment at 2^00 PM, 1/4 CHO Dinner, 1/8 CHO - HS snack. This 1200 ADA pattern to be reevaluated in a week. J. McMann, R.D.
1/23	Pt's weight loss again satisfactory (148# weighted 1/22). Pt. also appears pleased with new diet pattern. Nurses report no significant glucose-insulin imbalances with new pattern. L. Smith, CDA.
1/30	Pt. to be discharged soon. Pt. weight loss still steady (146 1/2# weight today). A copy of patient's diet to be sent to nursing facility with other records. L. Smith, CDA

QUALITY ASSURANCE IN DIETETIC SERVICES
UNIT I

ASSIGNMENT SHEET #4--COMPLETE A FLOWCHART FOR DEVELOPING A QUALITY ASSURANCE PROGRAM

NAME _____ SCORE _____

As your instructor reviews the steps to develop a quality assurance program, complete the attached flowchart.

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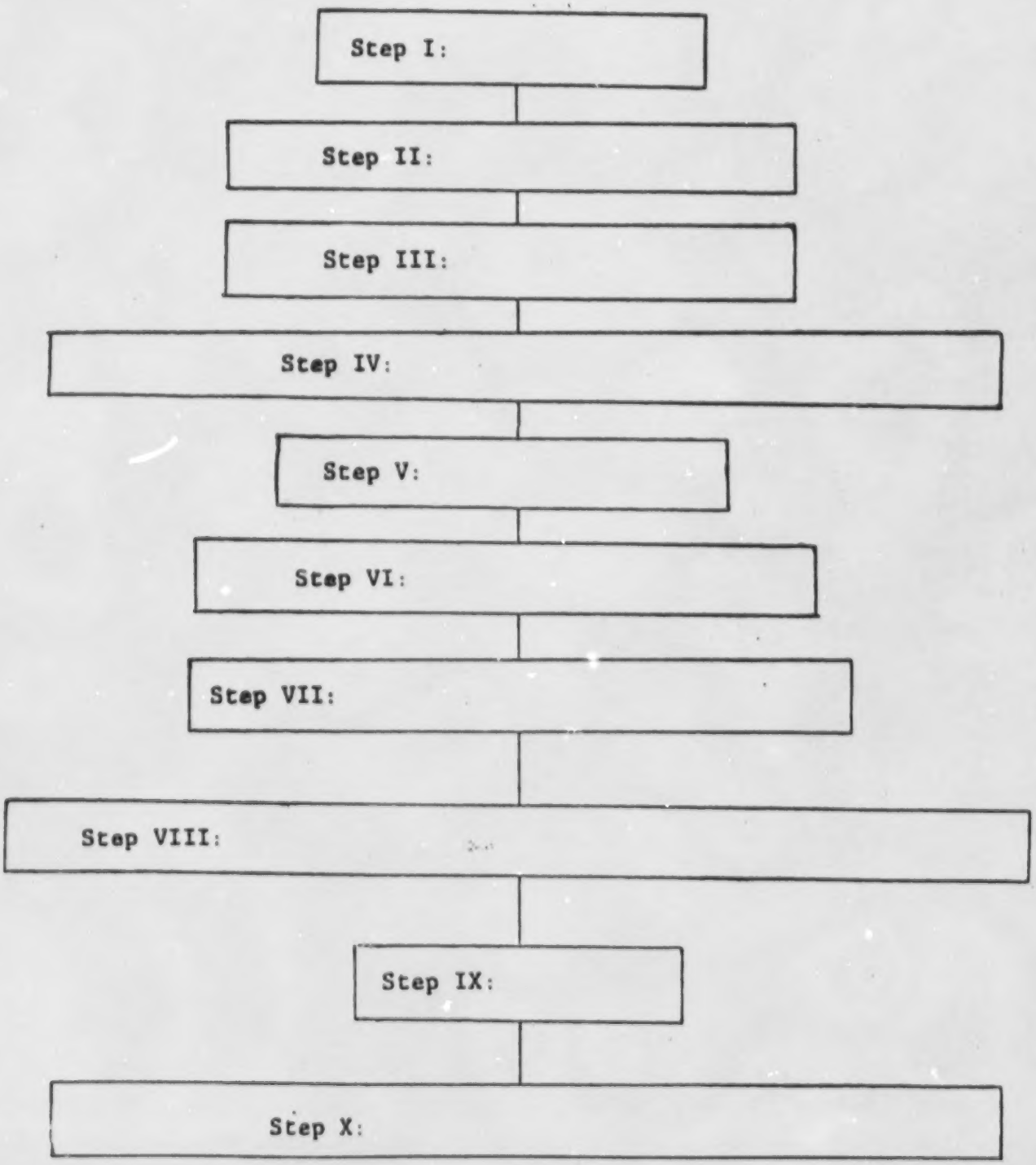
ASSIGNMENT SHEET #4

STEPS TO DEVELOP A QUALITY ASSURANCE PROGRAM



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QUALITY ASSURANCE IN DIETETIC SERVICES
UNIT I

ANSWERS TO ASSIGNMENT SHEETS

Assignment Sheet #1--Evaluated to the satisfaction of the instructor

Assignment Sheet #2--Evaluated to the satisfaction of the instructor

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ANSWERS TO ASSIGNMENT SHEETS

Assignment Sheet #3

AUDIT TOPIC: Diabetes Mellitus

OBJECTIVE: Each diabetic in-patient shall receive the highest quality nutritional care and diabetes patient education.

AUDIT SAMPLE: Four randomly selected adult patients diagnosed with diabetes mellitus

ABBREVIATED AUDIT CRITERIA	Thomas	Williams	Haynes	Jones	Percent Accomplished
1. Physician's diet order confirmed within 18 hours of admission or change.	4/3 1	3/10 1	3/14 1	0*	75%
2. Diet history, including food prefenences, obtained.	1	3/10 1	3/14 & 3/17 1	1/4 1	100%
3. Patient weight status evaluated at least weekly.	4/1 & 4/6 1	2 day stay E	3/17 1	1/9 1/23 0**	67%
4. Patient's diet evaluated for appropriateness considering patient's weight and usual activity level.	4/4 1	3/10 1	3/17 & 3/24 1	1/9 1	100%
5. Patient or significant other instructed and given copy of patient's diet.	4/6 1	3/12 1	3/26 & 3/27 1	1/30 E	100%
6. Patient or significant other demonstrates the ability to plan a one-day food intake using patient's diet pattern.	4/7 1	3/12 1	3/27 1	1/30 E	100%

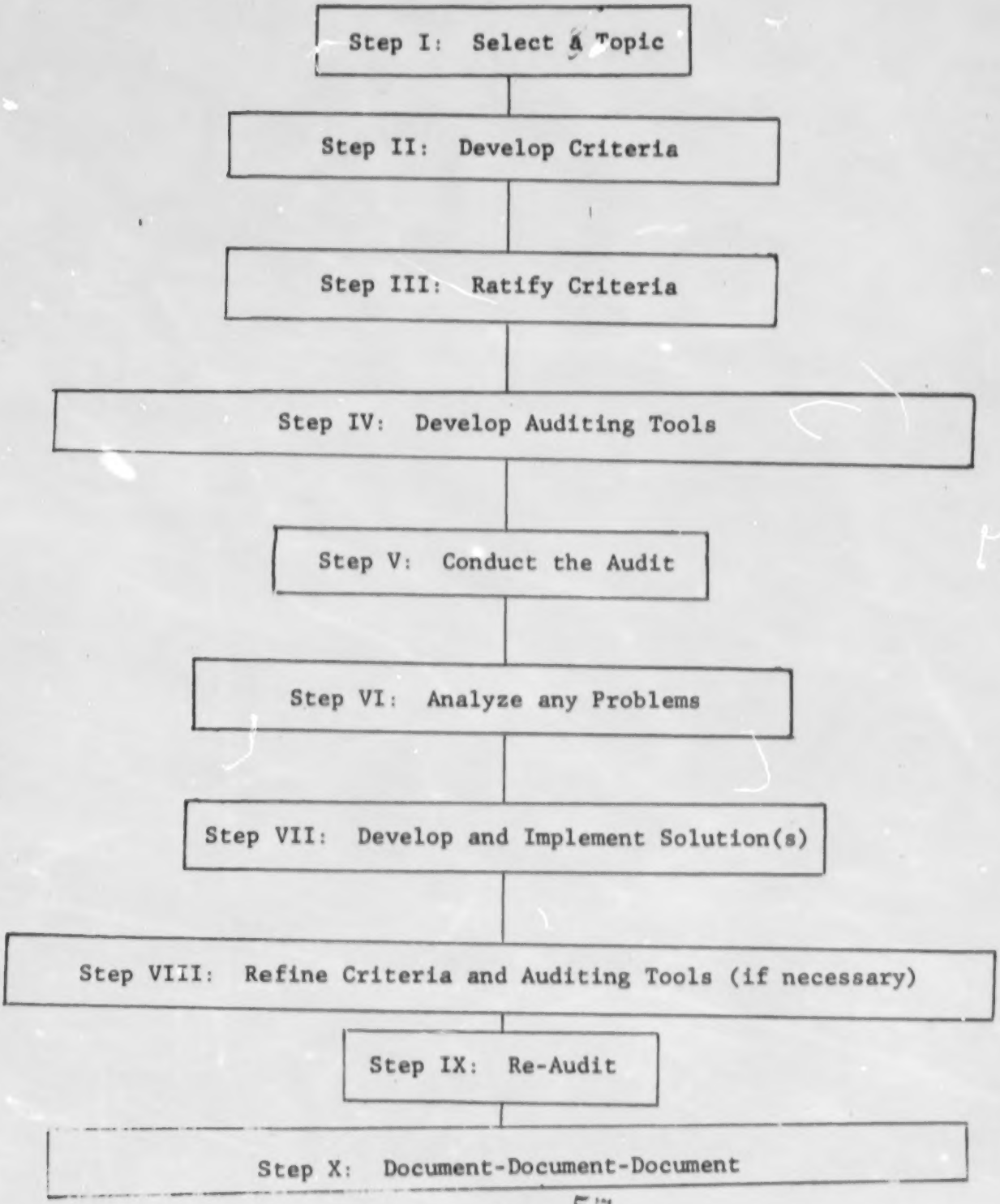
Scoring Code: 1--Criteria met
0--Criteria not met
E--Exception applies

*Liquid order not confirmed on 1/6
**This could be a "1" if entry on 1/15 is considered adequate

ANSWERS TO ASSIGNMENT SHEETS

Assignment Sheet #4

STEPS TO DEVELOP A QUALITY ALL ASSURANCE PROGRAM


Step I: Select A Topic
Step II: Develop Criteria
Step III: Ratify Criteria
Step IV: Develop Auditing Tools
Step V: Conduct the Audit
Step VI: Analyze any Problems
Step VII: Develop and Implement Solution(s)
Step VIII: Refine Criteria and Auditing Tools (if necessary)
Step IX: Re-Audit
Step X: Document-Document-Document

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QUALITY ASSURANCE IN DIETETIC SERVICES
UNIT I

TEST

NAME _____ SCORE _____

1. Match terms associated with quality assurance in dietetic services to their correct definitions. Write the correct numbers in the blanks.

_____a.	The level of care or performance considered acceptable for a given criteria	1. Quality assurance program
_____b.	The individual items reviewed in an audit selected as representative of the whole	2. Audit criteria
_____c.	A systematic process of gathering and documenting facts concerning a specific area of administrative or clinical dietetic services	3. Audit sample
_____d.	A tool to provide an on-going, systematic review (of dietetic services) focusing on documenting the quality of current care provided, identifying and resolving any problems, and continued monitoring for improvements and maintenance of high quality	4. Mono-disciplinary audit
_____e.	An audit developed and conducted jointly by several departments or areas to analyze the total care provided for the patient by several departments	5. Multi-disciplinary audit
_____f.	An audit developed and conducted by one department or area to analyze the quality of patient care provided by that department	6. Joint Commission on Accreditation of Hospitals (JCAH)
_____g.	A specific "mini-standard" or measuring stick against which end results or performance can be measured	7. Expected performance level
_____h.	A private, non-governmental agency which establishes standards for health care facilities and surveys to evaluate compliance; facilities participate on a voluntary basis	8. Quality assurance audit

2. Select from the following list purposes of a quality assurance program. Write an "X" in the blank before each correct answer.

_____a. Satisfy regulatory agency requirements specifically

_____b. Document existing positive performance

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_____c. Verify other department's deficiencies which cause difficulties for dietetic services

_____d. Develop and/or realistically upgrade existing standards for patient service

_____e. Reduce local Health Department inspections

_____f. Identify existing or potential departmental problems

_____g. Provide a systematic means for problem solving and continued follow-up

_____h. Eliminate the need for patient satisfaction surveys

3. List five appropriate departments/areas to be represented on an institutional quality assurance committee.

a. _____

b. _____

c. _____

d. _____

e. _____

4. List appropriate personnel to serve on a Dietetic Services' quality assurance committee.

a. _____

b. _____

c. _____

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TEST

5. Distinguish between functions of institutional and departmental quality assurance committees. Write an "X" in the institutional column if the function listed is conducted by the institutional committee. Write an "X" in the departmental column if the function listed is conducted by the departmental committee. Some may have more than one correct answer.

Institutional QA Committee	Departmental QA Committee	Committee Functions
		a. Document all aspects of the quality assurance program
		b. Utilize audit results an employee motivational tool
		c. Develop, conduct, and follow up multi-disciplinary audits
		d. Develop policies, goals, and priorities for a quality assurance program
		e. Provide a discussion forum for joint problem solving between institutional departments
		f. Review various departmental quality assurance programs
		g. Develop, conduct, and follow up mono-disciplinary audits
		h. Provide on-going continuity for institutional quality assurance activities

6. Select from the following list guidelines for selecting appropriate mono-disciplinary quality assurance audit topics. Write an "X" in the blank before each correct answer.

_____a. Choose non-threatening topics for initial audits to enhance employee acceptance of the program

_____b. Focus on internal departmental area or problems

_____c. Select topics involving other departments' deficiencies to increase inter-departmental cooperation

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_____d. Select broad topics to maximize efficiency in auditing

_____e. Be specific

_____f. Apply the K I S S rule--Keep It Simple, Stupid

7. Describe characteristics of overall objectives.

a. _____

b. _____

c. _____

8. List three characteristics of well developed audit criteria.

a. _____

b. _____

c. _____

9. Distinguish between characteristics of outcome and process criteria. Write an "O" in the blanks before characteristics of outcome criteria, and a "P" in the blanks before characteristics of process criteria.

_____a. Reflect the performance of the health care worker in delivering patient care or in patient education

_____b. Focus on end results

_____c. Describe desired patient condition or desired level of patient's demonstrable knowledge

_____d. Reflect intermediate food service quality standards or employee performance levels necessary to accomplish outcome

_____e. Focus on how the end result is accomplished

_____f. Reflect defined overall standards for quality food services

10. State guidelines for setting criteria-expected performance levels.

a. _____

b. _____

c. _____

11. Arrange in order the steps in criteria ratification. Write a "1" before the first step, a "2" before the second step, and so on, in the blanks.

_____a. Present formal criteria and expected performance levels to employees

_____b. Finalize criteria following quality assurance committee's consideration of any employee suggestions

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_____c. Encourage employee discussion of each criteria and expected performance level

_____d. Present first draft criteria with expected performance levels to employees to be affected

_____e. Present employee approval or suggested changes concerning criteria to the quality assurance committee

12. Select from the following list advantages of criteria ratification. Write an "X" in the blank before each correct answer.

_____a. Increases employee acceptance of quality assurance program

_____b. Justifies the need for increases in staff, equipment, or services

_____c. Reduces supervisor-employee tension through agreement on expected performance

_____d. Communicates expected standards of performance to employees

_____e. Decreases any threatening perceptions of program

_____f. Decreases time spent in in-service education

_____g. Communicates the administrative philosophy on quality assurance

13. Select from the following list characteristics of good auditing tools. Write an "X" in the blank before each correct answer.

_____a. Motivates employees to better performance

_____b. Leads to easy summarization

_____c. Easily used during audit

_____d. Minimizes subjective decisions by auditors

_____e. Easily understood by employees being audited

_____f. Easily understood by auditors

14. State stages in preparing to conduct an audit.

a. _____

b. _____

c. _____

d. _____

e. _____

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15. Distinguish between the appropriate uses of a total sample and a random sample. Write a "T" in the blanks before appropriate uses of a total sample, and an "R" in the blanks before appropriate uses of a random sample.

_____a. Use if total population is large

_____b. Use if total population is small

_____c. Use if time and/or number of auditors is limited

_____d. Use random selection technique

_____e. Use if verifying the status of each member of the population is critical

_____f. Use if members of the population vary significantly

_____g. Use if many members in the population are similar or identical

16. Arrange in order a quality assurance committee's steps in analyzing audit results. Write a "1" before the first step, a "2" before the second step, and so on, in the blanks.

_____a. Recommend implementation of favorable solutions found

_____b. Summarize audit results

_____c. Develop possible solutions to any deficiencies

_____d. Compare audit results to expected performance levels

_____e. Evaluate written follow-up report on possible solutions

_____f. Set re-audit date to monitor improvement or need for further investigation to correct recurring deficiency

_____g. Assign trial implementation and written follow-up on possible solutions to correct deficiencies

17. Select from the following list uses of documented audit results. Write an "X" in the blank before each correct answer.

_____a. Provide justification for increases in staff, equipment, and services

_____b. Motivate employees

_____c. Verify the level of positive performance to administration, medical staff, and others

_____d. Increase departmental revenue

_____e. Satisfy JCAH requirements

_____f. Decrease supervisor-employee tension

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TEST

18. State the importance of auditing schedules.

    a. _____

    b. _____

19. Describe characteristics of administrative and clinical audits by completing the blanks provided in the chart.

	Administrative audits	Clinical audits
Emphasis	Quality of food services provided	a. _____
Approach	b. _____	c. _____
Criteria	Pre-established d. _____ Reflect recognized standards for high quality food service Include expected performance levels	Pre-established Outcome and process Reflect professionally recognized standards of quality nutritional patient care Include expected performance levels
Auditors	Trained e. _____	Trained From medical records department, institutional quality assurance committee or departmental R.D., D.T., or C.D.A.)
Place of audit	Conducted "on the scene" or with the use of administrative records	f. _____
Audit results	Document quality of current services provided and/or areas of improvement needed	Document quality of current services provided and/or areas of improvement needed

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TEST

(NOTE: Test questions 20-23 list assignment sheets. They are an important part of this test. If they have not been completed, check with your instructor.)

20. Develop audit criteria for a selected topic.

21. Adapt sample auditing tools for a set of developed criteria.

22. Conduct a sample clinical audit.

23. Complete a flowchart for developing a quality assurance program.

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QUALITY ASSURANCE IN DIETETIC SERVICES
UNIT I

ANSWERS TO TEST

1. a. 7 e. 5
   b. 3 f. 4
   c. 8 g. 2
   d. 1 h. 6

2. a, b, d, f, g

3. Answer should include any five of the following
   a. Administration
   b. Nursing
   c. Medical staff
   d. Medical records
   e. Dietetic services
   f. Pharmacy
   g. Selected patient therapy areas
   h. Selected patient therapy areas
   i. Selected support services

4. a. Department head and/or R.D.
   b. Departmental supervisory personnel
   c. Employee representatives from various units

5.

Institutional QA Committee	Departmental QA Committee	Committee Functions
X	X	a. Document all aspects of the quality assurance program
	X	b. Utilize audit results as an employee motivational tool
X		c. Develop, conduct, and follow up multi-disciplinary audits

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ANSWERS TO TEST

Institutional QA Committee	Departmental QA Committee	Committee Functions
X	X	d. Develop policies, goals, and priorities for a quality assurance program
X		e. Provide a discussion forum for joint problem solving between institutional departments
X		f. Review various departmental quality assurance programs
	X	g. Develop, conduct, and follow up mono-disciplinary audits
X		h. Provide on-going continuity for institutional quality assurance activities

6. a, b, e, f

7. Description should include the following

   a. State general goals of service or patient care

   b. Reflect professionally recognized standards of high quality dietetic service

   c. Guide criteria development

8. Answer should include any three of the following

   a. Relevant

   b. Understandable

   c. Measurable

   d. Behavioral

   e. Achievable

9. a. P d. P

   b. O e. P

   c. O f. O

10. a. Be realistic

    b. Be flexible; expected performance levels may be raised or lowered later, according to audit results

    c. Involve employees to be affected by standards set

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ANSWERS TO TEST

11. a. 5
    b. 4
    c. 2
    d. 1
    e. 3

12. a, c, d, e

13. b, c, d, f

14. a. Select the sample
    b. Select auditor(s)
    c. Train auditor(s)
    d. Select audit time and day (random process suggested)
    e. Announce upcoming audit to employees

15. a. R
    b. T
    c. R
    d. R
    e. T
    f. T
    g. R

16. a. 6
    b. 1
    c. 3
    d. 2
    e. 5
    f. 7
    g. 4

17. a, b, c, e

18. a. Increase general organization of quality assurance programs
    b. Prevent neglect of any audit area

19. a. Patient nutritional care or patient nutrition education provided
    b. Usually mono-disciplinary
    c. Multi-disciplinary or mono-disciplinary
    d. Outcome and process
    e. Departmental
    f. Conducted on documentation in patient/resident chart, dietetic service Kardexes or other patient care records

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ANSWERS TO TEST

20. Evaluated to the satisfaction of the instructor

21. Evaluated to the satisfaction of the instructor

22. Evaluated to the satisfaction of the instructor

23. Evaluated to the satisfaction of the instructor

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